

rious contribution to the literature of medical economics" made by the CMA's Bureau of Research and Planning.

To this journal the honor that has come to our medical association is the more welcome in that it gives us a chance to add a word or two of our own. Those who guide the workings of the California Medical Association have long recognized that the Bureau is a reliable supplier of the factual information needed for initiating and carrying out the programs and the negotiations of a progressive state medical association. Murray Klutch, director of the Division of Socio-Economics and Research, guides staff efforts in support of the Bureau Activities. The staff is a swift and versatile gatherer of intelligence for the support of either advocacy or defense in contested matters; it is equally able in developing information to permit the association to decide what new directions it ought to be taking. In short, the Bureau frequently makes the difference between wondering and knowing, between fumbling and decisive action, between the wrong course and the right one.

We are pleased that the solid worth we long have recognized almost unconsciously is now deliberately celebrated for what it is.

## Carcinoma In Situ of The Uterine Cervix

THIS IS THE 25th anniversary of the publication by Papanicolaou and Traut of the monograph describing the use of vaginal smears for the diagnosis of uterine cancer. The extensive review by Warren Jones [page 353] of the clinical problems which have resulted from this early detection of non-invasive lesions is therefore most timely, and deserves study by all physicians who treat women.

Dr. Jones does not discuss the etiology of cervical cancer, but there are some exciting developments which may prove to be a model for the study of human carcinogenesis. The remote cause is coitus, but the nature of the agent transmitted, whether it be phagocytized DNA fragments of spermatozoa,<sup>1</sup> type 2 herpesvirus hominis<sup>2</sup> or similar mutagenic material is undecided.

Of more practical immediate concern is the question of how extensively surgical procedures

should be employed for both the diagnosis and the treatment of carcinoma in situ of the cervix. There is little doubt that in our Western states, if not in the United States as a whole, conization has become almost routine in the case of suspicious or positive smears with no visible lesion, yet the detection of invasion is missed in less than 3 percent of cases by the use of multiple "punch" biopsy, an office procedure entailing almost no morbidity. It has also become almost routine to recommend hysterectomy as soon as the diagnosis of in situ carcinoma is made. Dr. Jones points out that at least two-thirds to three-fourths of the patients are cured by ordinary conization. If there are residual lesions they may be readily detected by cytological means during the ensuing six months. Is there ever an indication for immediate hysterectomy?

Unfortunately, so long as total hysterectomy is a "usual and customary" treatment for carcinoma in situ, most surgeons will elect that mode of therapy in preference to a minor procedure followed by a period of prolonged observation. If the latter course results in a cure rate of 94 percent, as Dr. Jones illustrates in Table 2 of his article, then it would appear that hysterectomy actually is required for less than 10 percent of non-invasive lesions. Perhaps it is time for more gynecologists to advocate as well as to practice a more conservative approach to the management of these lesions.

### REFERENCES

1. Coppleston, M., and Reid, B.: *Obstet. Gynec.*, 32:432, 1968.
2. Josey, W. E., et al.: *Am. J. Obst. & Gynec.*, 101:718, 1968.

### Guest Editorial

## The Tuberculosis Problem Today

ACCORDING TO POPULAR opinion, tuberculosis is no longer a serious public health problem, yet last year this disease was responsible for more American deaths than the war in Vietnam. Tuberculosis is still a serious problem, but today it is well defined and manageable, in contrast to twenty years ago. Modern medicine provides the scientific knowledge, the medications and the methods adequately to control and ultimately to eradicate the disease in this country. Geographically, tuberculosis in the United States is concentrated in the